

MODULE 1 Managing Common Misconceptions about the Role of an Ethics Consultant

Handout 1.1: Common Misconceptions about the Ethics Consultant's Role and Communication Skills Required to Manage Misconceptions

Handout 1.2: Managing Common Misconceptions about the Ethics Consultant's Role: 6 Scenarios



U.S. Department of Veterans Affairs

Veterans Health Administration
National Center for Ethics in Health Care

Handout 1.1

Common Misconceptions about the Ethics Consultant's Role

It is a misconception to think that an ethics consultant will:

- Investigate an allegation of serious misconduct.
- Rubber stamp what the health care team wants or what the patient/family wants.
- Clean up a “mess.”
- Conduct a medical evaluation.
- Make a treatment plan.
- Tell the requester what is legal.
- Tell the requester what to do.
- Talk to the family (or other party) so the provider doesn't have to.
- Take the decision out of the hands of the family (or staff).
- Never report anything to authorities.
- Tell someone he or she is being unethical.
- Get the patient, doctor, nurse, or family to see things the requester's way.

Communication Skills Required to Manage Misconceptions

The ethics consultant should:

- Listen well.
- Demonstrate empathy.
- Use non-verbal behaviors to enhance communication.
- Explain the ethics consultation process.
- Emphasize how you can be of service.
- Remain neutral.
- Obtain agreement on how to proceed.
- Close the conversation with an invitation.

Handout 1.2

Managing Common Misconceptions about the Ethics Consultant's Role: 6 Scenarios

Instructions for Role-Play Activity in Small Groups

The goal of this activity is to practice managing misconceptions and setting clear expectations for the consultation. **NOTE:** It's tempting to work through the substance of the request, but resist that temptation and stick to managing misconceptions.

Setup:

- There should be 3 people to a group. When necessary there may be a fourth person.
- There are 3 roles in each role-play: Requester, Consultant, and Observer. Each person will play these roles twice. If there is a fourth person in your group, there will be a second observer for each role-play (per table below).
- Before each role-play, each person takes a minute to read the scenario and any information provided about the role they are assigned.

The role-play:

- The **Requester** makes the request, the **Consultant** responds, and a dialogue ensues.
- As the play proceeds, the **Observer(s)** uses the checklist to note the skills the Consultant exhibited and the strategies used to manage the Requester's misconceptions. The **Observer(s)** may also take notes.
- In the first 3 scenarios, the **Consultant** may refer to the bulleted list of do's and don'ts on the page, and may consult the phrases on **Handout 1.1**. In scenarios 4–6, the **Consultant's** page doesn't include the list; this makes the **Consultant's** role more challenging.

Debrief

The goal of the debrief is to discuss the effectiveness of the strategies used to manage misconceptions.

The group starts off with a report from the Observer(s) about which items on the checklist the Consultant said or did. The group then discusses the report and any other observations the Requester and Consultant might have about their experience in the role-play.

Some questions you might consider are:

- What did the Consultant say or do that helped facilitate agreement with the Requester about what the Consultant would or would not do?
- What was the most challenging part of the interaction for the Consultant? For the Requester? How did the Consultant/Requester meet the challenge?
- What did you learn from this role-play that you might use in real situations with requesters?

PARTICIPANT HANDOUTS

When 3 people are in the group:

Enter the name of each participant on the lines below. The participants should then play the assigned role for each scenario:

	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6
1.	Requester	Consultant	Observer	Requester	Consultant	Observer
2.	Consultant	Observer	Requester	Consultant	Observer	Requester
3.	Observer	Requester	Consultant	Observer	Requester	Consultant

When 4 people are in the group:

Enter the name of each participant on the lines below. The participants should then play the assigned role for each scenario:

	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6
1.	Requester	Consultant	Observer 1	Observer 2	Requester	Observer 1
2.	Consultant	Observer 1	Observer 2	Requester	Consultant	Observer 2
3.	Observer 1	Observer 2	Requester	Consultant	Observer 1	Requester
4.	Observer 2	Requester	Consultant	Observer 1	Observer 2	Consultant

Choose a reporter for the group: _____

Scenario 1

Requester (Treating Physician)

Scenario:

The patient is a 55-year-old man who underwent resection of a malignant brain tumor followed by radiation and chemotherapy 3 years ago. He had a CT scan 3 months ago that showed recurrence of the tumor, but missed a clinic appointment and was never told the results. The patient is deteriorating despite ongoing rehab. The patient's team has requested an ethics consultation because it is not sure about the right way to approach the patient to tell him that the tumor is back and to begin to talk about a shift to palliative care.

You are the Requester:

You remember that there were 2 calls from the patient's wife probably seeking the results of the CT, but you were too busy or forgot to call back. At times in the past, this family has been difficult to deal with. Your job is to explain the "mess" to the Consultant and hope that he or she will take over communications with the family so that you don't have to. Try to get the Consultant to do so.

Scenario 1

Consultant

Scenario:

The patient is a 55-year-old man who underwent resection of a malignant brain tumor followed by radiation and chemotherapy 3 years ago. He had a CT scan 3 months ago that showed recurrence of the tumor, but missed a clinic appointment and was never told the results. The patient is deteriorating despite ongoing rehab. The patient's team has requested an ethics consultation because it is not sure about the right way to approach the patient to tell him that the tumor is back and to begin to talk about a shift to palliative care.

You are the Consultant:

Based on the information that you have, it seems that the Requester is asking you to talk to the family/patient so that he or she doesn't have to. Your job is to talk to the Requester and set realistic expectations about your role as ethics consultant in this circumstance. Remember to correct and manage misconceptions about the role of the ethics consultant and be clear with the Requester what you will and will not do.

In general, you will:

- Listen well.
- Demonstrate empathy.
- Use non-verbal behaviors to enhance communication.
- Explain the ethics consultation process.
- Emphasize how you can be of service.
- Remain neutral.
- Obtain agreement on how to proceed.
- Close the conversation with an invitation.

Specific to this scenario, you will:

- Acknowledge that this is a difficult situation.
- Offer to help the Requester develop strategies for breaking bad news.
- Offer to help the Requester develop strategies for identifying goals of care.
- Offer to help the Requester determine how to disclose this adverse event.

You won't:

- Take on the Requester's job to talk with the patient and family to communicate the clinical situation.
- Take on the Requester's job to formulate a treatment plan.
- Try to clean up the "mess."

Scenario 1

Observer

Scenario:

The patient is a 55-year-old man who underwent resection of a malignant brain tumor followed by radiation and chemotherapy 3 years ago. He had a CT scan 3 months ago that showed recurrence of the tumor, but missed a clinic appointment and was never told the results. The patient is deteriorating despite ongoing rehab. The patient's team has requested an ethics consultation because it is not sure about the right way to approach the patient to tell him that the tumor is back and to begin to talk about a shift to palliative care.

You are the Observer:

In general, did the Consultant:

- ☐ Listen well?
- ☐ Demonstrate empathy?
- ☐ Use non-verbal behaviors to enhance communication?
- ☐ Explain the ethics consultation process?
- ☐ Emphasize how he/she can be of service?
- ☐ Remain neutral?
- ☐ Obtain agreement on how to proceed?
- ☐ Close the conversation with an invitation?

Specific to this scenario, did the Consultant:

- ☐ Acknowledge that this is a difficult situation?
- ☐ Offer to help the Requester develop strategies for breaking bad news?
- ☐ Offer to help the Requester develop strategies for identifying goals of care?
- ☐ Offer to help the Requester determine how to disclose this adverse event?

Particularly with respect to the underlined items, did the Consultant manage any of the following **misconceptions**? That is, it is a misconception that the role of the Consultant is to:

- ☐ Investigate an allegation of serious misconduct.
- ☐ Rubber stamp what the health care team wants or what the patient/family wants.
- ☐ Clean up a "mess."
- ☐ Conduct a medical evaluation.
- ☐ Make a treatment plan.
- ☐ Tell the Requester what is legal.
- ☐ Tell the Requester what to do.
- ☐ Talk to the family (or other party) so the provider doesn't have to.
- ☐ Take the decision out of the hands of the family (or staff).
- ☐ Never report anything to authorities.
- ☐ Tell someone he or she is being unethical.
- ☐ Get the patient, doctor, nurse, or family to see things the Requester's way.

Scenario 2

Requester (Member of Treatment Team)

Scenario:

An 82-year-old man is critically ill and has been on a ventilator in the ICU for 9 weeks. He is slowly deteriorating and not expected to survive the stay in the ICU. He has no advance directive, and the family is not clear about what it thinks the patient himself would say in these circumstances. The family wants everything done. The team is requesting an ethics consultation to get the family to understand that the team will not continue to provide futile care and that the patient should only receive palliative care.

You are the Requester:

You are very upset about this case. The patient is taking up a lot of time and resources, and the family is not seeing the reality of the situation. You've tried some things to resolve the problem, but it's time to introduce someone new into the mix. You want the ethics consultant to take the decision out of the hands of the family, rubber stamp what the health care team wants to do, and get the family to see that continuing to do everything is not in the patient's best interest. Explain to the ethics consultant what is going on.

Scenario 2

Consultant

Scenario:

An 82-year-old man is critically ill and has been on a ventilator in the ICU for 9 weeks. He is slowly deteriorating and not expected to survive the stay in the ICU. He has no advance directive, and the family is not clear about what it thinks the patient himself would say in these circumstances. The family wants everything done. The team is requesting an ethics consultation to get the family to understand that the team will not continue to provide futile care and that the patient should only receive palliative care.

You are the Consultant:

Based on the information that you have, it seems that the Requester is asking you to rubber stamp his or her plan to shift the patient to comfort care. Your job is to talk to the Requester and set realistic expectations about your role as ethics consultant in this circumstance. Remember to correct misconceptions about the role of the ethics consultant and be clear with the Requester what you will and will not do.

In general, you will:

- Listen well.
- Demonstrate empathy.
- Use non-verbal behaviors to enhance communication.
- Explain the ethics consultation process.
- Emphasize how you can be of service.
- Remain neutral.
- Obtain agreement on how to proceed.
- Close the conversation with an invitation.

Specific to this consultation, you will:

- Acknowledge that this is a difficult situation.
- Point out that there is an ethical concern and that this situation is appropriate for ethics consultation.
- Set expectations about how the consultation will be conducted (i.e., clarify the ethics question, assemble relevant information, facilitate ethically justifiable decision making).
- Set a plan for how to proceed.

You won't:

- Automatically take a side.
- Rubber stamp the team's plan.
- Usurp the family's role in decision making.

Scenario 2

Observer

Scenario:

An 82-year-old man is critically ill and has been on a ventilator in the ICU for 9 weeks. He is slowly deteriorating and not expected to survive the stay in the ICU. He has no advance directive, and the family is not clear about what it thinks the patient himself would say in these circumstances. The family wants everything done. The team is requesting an ethics consultation to get the family to understand that the team will not continue to provide futile care and that the patient should only receive palliative care.

You are the Observer:

In general, did the Consultant:

- ☐ Listen well?
- ☐ Demonstrate empathy?
- ☐ Use non-verbal behaviors to enhance communication?
- ☐ Explain the ethics consultation process?
- ☐ Emphasize how he/she can be of service?
- ☐ Remain neutral?
- ☐ Obtain agreement on how to proceed?
- ☐ Close the conversation with an invitation?

Specific to this scenario, did the Consultant:

- ☐ Acknowledge that this is a difficult situation?
- ☐ Point out that there is an ethical concern and that this situation is appropriate for ethics consultation?
- ☐ Set expectations about how the consultation will be conducted (i.e., clarify the ethics question, assemble relevant information, facilitate ethically justifiable decision making)?
- ☐ Set a plan for how to proceed?

Particularly with respect to the underlined items, did the Consultant manage any of the following **misconceptions**? That is, it is a misconception that the role of the Consultant is to:

- ☐ Investigate an allegation of serious misconduct.
- ☐ Rubber stamp what the health care team wants or what the patient/family wants.
- ☐ Clean up a “mess.”
- ☐ Conduct a medical evaluation.
- ☐ Make a treatment plan.
- ☐ Tell the Requester what is legal.
- ☐ Tell the Requester what to do.
- ☐ Talk to the family (or other party) so the provider doesn’t have to.
- ☐ Take the decision out of the hands of the family (or staff).
- ☐ Never report anything to authorities.
- ☐ Tell someone he or she is being unethical.
- ☐ Get the patient, doctor, nurse, or family to see things the Requester’s way.

Scenario 3

Requester (Member of Treatment Team)

Scenario:

A 68-year-old woman had a stroke and has been unconscious for 4 months. The team is asking for an ethics consultation to see if the patient is in a persistent vegetative state.

You are the Requester:

Place a lot of emphasis on wanting the Consultant to tell you whether or not the patient is in PVS.

Scenario 3

Consultant

Scenario:

A 68-year-old woman had a stroke and has been unconscious for 4 months. The team is asking for an ethics consultation to see if the patient is in a persistent vegetative state (PVS).

You are the Consultant:

In general, you will:

- Listen well.
- Demonstrate empathy.
- Use non-verbal behaviors to enhance communication.
- Explain the ethics consultation process.
- Emphasize how you can be of service.
- Remain neutral.
- Obtain agreement on how to proceed.
- Close the conversation with an invitation.

Specific to this scenario, you will:

- Acknowledge that this is a difficult situation.
- Point out that this is a medical concern, and that ethics consultants do not do medical evaluations.
- Help the Requester develop strategies for how he or she can determine if the patient is in PVS.
- Set a plan for how to proceed.

You won't:

- Take on the job of determining whether the patient is in PVS.

Scenario 3

Observer

Scenario:

A 68-year-old woman had a stroke and has been unconscious for 4 months. The team is asking for an ethics consultation to see if the patient is in a persistent vegetative state (PVS).

You are the Observer:

In general, did the Consultant:

- ☐ Listen well?
- ☐ Demonstrate empathy?
- ☐ Use non-verbal behaviors to enhance communication?
- ☐ Explain the ethics consultation process?
- ☐ Emphasize how he/she can be of service?
- ☐ Remain neutral?
- ☐ Obtain agreement on how to proceed?
- ☐ Close the conversation with an invitation?

Specific to this scenario, did the Consultant:

- ☐ Acknowledge that this is a difficult situation?
- ☐ Point out that this is a medical concern, and that ethics consultants do not do medical evaluations?
- ☐ Help the Requester develop strategies for how he or she can determine if the patient is in PVS?
- ☐ Set a plan for how to proceed?

Particularly with respect to the underlined item, did the Consultant manage any of the following **misconceptions**? That is, it is a misconception that the role of the Consultant is to:

- ☐ Investigate an allegation of serious misconduct.
- ☐ Rubber stamp what the health care team wants or what the patient/family wants.
- ☐ Clean up a “mess.”
- ☐ Conduct a medical evaluation.
- ☐ Make a treatment plan.
- ☐ Tell the Requester what is legal.
- ☐ Tell the Requester what to do.
- ☐ Talk to the family (or other party) so the provider doesn’t have to.
- ☐ Take the decision out of the hands of the family (or staff).
- ☐ Never report anything to authorities.
- ☐ Tell someone he or she is being unethical.
- ☐ Get the patient, doctor, nurse, or family to see things the Requester’s way.

Scenario 4

Requester (Manager of Primary Care Clinic)

Scenario:

A 53-year-old patient has been followed in the primary care clinic for the past 3 years for his back pain. He retired from his work as a car mechanic. He also has a history of occasional substance abuse (cocaine, marijuana, and alcohol).

The patient was sent for evaluation in the pain clinic and was returned to the primary care clinic for ongoing treatment and follow-up. His treatment plan from the pain clinic included an exercise and stretching regimen, and medications including both long-acting and immediate-release opioids.

The manager of the primary care clinic is requesting an ethics consultation because he didn't know what to do when the patient's primary care doctor demanded that the patient be transferred to another provider's panel. The doctor's reason was that, "in good conscience," she could not participate in a chronic pain regimen that involved prescribing opioid medications for a known substance abuser. She also commented that she would not risk her license by giving this patient opiates.

You are the Requester:

Place emphasis on wanting the Consultant to help you make an appropriate treatment plan.

Scenario 4

Consultant

Scenario:

A 53-year-old patient has been followed in the primary care clinic for the past 3 years for his back pain. He retired from his work as a car mechanic. He also has a history of occasional substance abuse (cocaine, marijuana, and alcohol).

The patient was sent for evaluation in the pain clinic and was returned to the primary care clinic for ongoing treatment and follow-up. His treatment plan from the pain clinic included an exercise and stretching regimen, and medications including both long-acting and immediate-release opioids.

The manager of the primary care clinic is requesting an ethics consultation because he didn't know what to do when the patient's primary care doctor demanded that the patient be transferred to another provider's panel. The doctor's reason was that, "in good conscience," she could not participate in a chronic pain regimen that involved prescribing opioid medications for a known substance abuser. She also commented that she would not risk her license by giving this patient opiates.

You are the Consultant:

Respond in a way so that the Requester clearly knows what you will and won't do and why each action is either in or outside of your role as an ethics consultant.

Scenario 4

Observer

Scenario:

A 53-year-old patient has been followed in the primary care clinic for the past 3 years for his back pain. He retired from his work as a car mechanic. He also has a history of occasional substance abuse (cocaine, marijuana, and alcohol).

The patient was sent for evaluation in the pain clinic and was returned to the primary care clinic for ongoing treatment and follow-up. His treatment plan from the pain clinic included an exercise and stretching regimen, and medications including both long-acting and immediate-release opioids.

The manager of the primary care clinic is requesting an ethics consultation because he didn't know what to do when the patient's primary care doctor demanded that the patient be transferred to another provider's panel. The doctor's reason was that, "in good conscience," she could not participate in a chronic pain regimen that involved prescribing opioid medications for a known substance abuser. She also commented that she would not risk her license by giving this patient opiates.

You are the Observer:

In general, did the Consultant:

- ☐ Listen well?
- ☐ Demonstrate empathy?
- ☐ Use non-verbal behaviors to enhance communication?
- ☐ Explain the ethics consultation process?
- ☐ Emphasize how he/she can be of service?
- ☐ Remain neutral?
- ☐ Obtain agreement on how to proceed?
- ☐ Close the conversation with an invitation?

Specific to this scenario, did the Consultant:

- ☐ Acknowledge that this is a difficult situation?
- ☐ Point out that there is an ethical concern and that this situation is appropriate for ethics consultation?
- ☐ Set expectations about how the consultation will be conducted (i.e., clarify the ethics question, assemble relevant information, facilitate ethically justifiable decision making)?
- ☐ Set a plan for how to proceed?

Particularly with respect to the underlined item, did the Consultant manage any of the following **misconceptions**? That is, it is a misconception that the role of the Consultant is to:

- ☐ Investigate an allegation of serious misconduct.
- ☐ Rubber stamp what the health care team wants or what the patient/family wants.
- ☐ Clean up a "mess."
- ☐ Conduct a medical evaluation.
- ☐ Make a treatment plan.
- ☐ Tell the Requester what is legal.
- ☐ Tell the Requester what to do.

PARTICIPANT HANDOUTS

- ☐ Talk to the family (or other party) so the provider doesn't have to.
- ☐ Take the decision out of the hands of the family (or staff).
- ☐ Never report anything to authorities.
- ☐ Tell someone he or she is being unethical.
- ☐ Get the patient, doctor, nurse, or family to see things the Requester's way.

Scenario 5

Requester (Social Worker)

Scenario:

A social worker requests an ethics consultation. A daughter has asked her to fill out a form so that she can sell her incapacitated mother's car to help pay medical expenses. She wants to know if it is OK to do so.

You are the Requester:

Place emphasis on wanting the Consultant to tell you what to do—you want a straightforward yes or no answer about whether it is OK for the daughter to sell the car and the social worker to sign the form.

Scenario 5

Consultant

Scenario:

A social worker requests an ethics consultation. A daughter has asked her to fill out a form so that she can sell her incapacitated mother's car to help pay medical expenses. She wants to know if it is OK to do so.

You are the Consultant:

Respond in a way so that the Requester clearly understands your role (i.e., what you will and won't do in your role as an ethics consultant).

Scenario 5

Observer

Scenario:

A social worker requests an ethics consultation. A daughter has asked her to fill out a form so that she can sell her incapacitated mother's car to help pay medical expenses. She wants to know if it is OK to do so.

You are the Observer:

In general, did the Consultant:

- ☐ Listen well?
- ☐ Demonstrate empathy?
- ☐ Use non-verbal behaviors to enhance communication?
- ☐ Explain the ethics consultation process?
- ☐ Emphasize how he/she can be of service?
- ☐ Remain neutral?
- ☐ Obtain agreement on how to proceed?
- ☐ Close the conversation with an invitation?

Specific to this scenario, did the Consultant:

- ☐ Acknowledge that this is a difficult situation?
- ☐ Point out that it is not the role of the ethics consultant to give a legal opinion?
- ☐ Set a plan for how to proceed?

Particularly with respect to the underlined items, did the Consultant manage any of the following **misconceptions**? That is, it is a misconception that the role of the Consultant is to:

- ☐ Investigate an allegation of serious misconduct.
- ☐ Rubber stamp what the health care team wants or what the patient/family wants.
- ☐ Clean up a "mess."
- ☐ Conduct a medical evaluation.
- ☐ Make a treatment plan.
- ☐ Tell the Requester what is legal.
- ☐ Tell the Requester what to do.
- ☐ Talk to the family (or other party) so the provider doesn't have to.
- ☐ Take the decision out of the hands of the family (or staff).
- ☐ Never report anything to authorities.
- ☐ Tell someone he or she is being unethical.
- ☐ Get the patient, doctor, nurse, or family to see things the Requester's way.

Scenario 6

Requester (Nurse)

Scenario:

A nurse requests an ethics consultation after seeing a resident physician accessing the health information of a colleague who is being treated in the hospital. The resident is not part of the treatment team. The nurse wants you to tell the resident physician that this activity is unethical and needs to stop.

You are the Requester:

Place emphasis on wanting the Consultant to tell the resident physician that he or she is being unethical and ask the Consultant to look into and correct the wrongdoing so no one gets into trouble. Convey that you feel that by reporting this to the ethics consultation service it will not have to be reported elsewhere.

Scenario 6

Consultant

Scenario:

A nurse requests an ethics consultation after seeing a resident physician accessing the health information of a colleague who is being treated in the hospital. The resident is not part of the treatment team. The nurse wants you to tell the resident physician that this activity is unethical and needs to stop.

You are the Consultant:

Respond in a way so that the Requester clearly knows what you will and won't do and why each action is either in or outside of your role as an ethics consultant.

Scenario 6

Observer

Scenario:

A nurse requests an ethics consultation after seeing a resident physician accessing the health information of a colleague who is being treated in the hospital. The resident is not part of the treatment team. The nurse wants you to tell the resident physician that this activity is unethical and needs to stop.

You are the Observer:

In general, did the Consultant:

- ☐ Listen well?
- ☐ Demonstrate empathy?
- ☐ Use non-verbal behaviors to enhance communication?
- ☐ Explain the ethics consultation process?
- ☐ Emphasize how he/she can be of service?
- ☐ Remain neutral?
- ☐ Obtain agreement on how to proceed?
- ☐ Close the conversation with an invitation?

Specific to this scenario, did the Consultant:

- ☐ Acknowledge that this is a difficult situation?
- ☐ Point out that the ethics consultant does not do investigations or tell people they are unethical?
- ☐ Advise the Requester that ethics consultants sometimes do have to report violations?
- ☐ Set a plan for how to proceed?

Particularly with respect to the underlined items, did the Consultant manage any of the following **misconceptions**? That is, it is a misconception that the role of the Consultant is to:

- ☐ Investigate an allegation of serious misconduct.
- ☐ Rubber stamp what the health care team wants or what the patient/family wants.
- ☐ Clean up a “mess.”
- ☐ Conduct a medical evaluation.
- ☐ Make a treatment plan.
- ☐ Tell the Requester what is legal.
- ☐ Tell the Requester what to do.
- ☐ Talk to the family (or other party) so the provider doesn’t have to.
- ☐ Take the decision out of the hands of the family (or staff).
- ☐ Never report anything to authorities.
- ☐ Tell someone he or she is being unethical.
- ☐ Get the patient, doctor, nurse, or family to see things the Requester’s way.